



APPLICATION FOR PESTICIDE APPLICATOR
RECERTIFICATION CREDITS

Sponsor ID

Location ID

PROGRAM NAME:
SPONSOR:
ADDRESS:
CITY, STATE, ZIP:
OHIO COUNTY:
PHONE NUMBER:
FAX NUMBER:
CONTACT PERSON:
LOCATION NAME:
LOCATION ADDRESS:
CITY, STATE, ZIP:
PHONE NUMBER:

NUMBER OF COMMERCIAL CREDITS REQUESTED
NUMBER OF PRIVATE CREDITS REQUESTED

Requests for recertification credits MUST be submitted on this form. All recert programs MUST be pre-approved and have codes assigned. (NO CODES - NO CREDIT - NO EXCEPTIONS) This request must be submitted 30 days prior to the program. Please provide the following information regarding time, topics, and speakers. This form must be completely filled out and the program AGENDA AND SPEAKER BIOS MUST be attached. If more pages are needed you can copy this form. Please note that sessions must be 30 minutes or more to receive credit for 1/2 hour. Sessions must be 60 minutes or more to receive 1 hour credit.

Table with 7 columns: Date, Program Subject Title, Start Time, End Time, Topic, Speaker Name, Speaker Affiliation. Includes an example row for 02/03/07 with details on pesticide recordkeeping.

FORM SUBMISSION: YOU CAN EITHER E-MAIL THE FORM TO ODA BY CLICKING ON THE E-MAIL BUTTON BELOW OR MAIL THE FORM TO THE ADDRESS ABOVE. BE SURE TO INCLUDE THE ENTIRE PROGRAM AGENDA AND SPEAKER BIOS.